## APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN

FEE: \$50

| Name of Camp:                      |   | <u> </u>     | <del>*************************************</del> |
|------------------------------------|---|--------------|--|
| Site Address:                      |   |              |  |
| Site Telephone:                    |   |              | , Desire f                                       |
|                                    |   |              |  |
| Name of Camp Owner:                | <u></u>                                 |              |  |
| Office Address:                    |   |              |  |
| Telephone Number:                  |   |              |  |
|                                    |   |              |  |
| Name of Camp Operator (if differen | nt):                                    |              |  |
| Address:                           |   |              |  |
|                                    |   |              |  |
| Telephone Number:                  |   |              |  |
| Гуре of Camp: Day                  |   |              |  |
| Hours of Operation:                |   |              |  |
| Dates of Operation: Opening:       |   |              | ,  |
|                                    |   |              |  |
| Water Supply: Public               |   | Private (Wel | l):  |
| Swimming Pool: Yes                 | Pool Permit Number_                     |              | No   |
| Bathing Beach: Yes                 | No                                      |              |  |
| Meals Provided: Yes                | Food Permit Number                      |              | No   |
|                                    |   |              |  |
| Signature of Applicant:            | *************************************** |              |  |
| Offical Title:                     | Date:                                   |              |  |
| Camp Director                      |   |              |  |
| -                                  |   |              |  |
| Name:                              |   |              |  |
| Age:                               |   |              |  |
| Coursework in camping administrat  | ion:                                    |              |  |

## APPLICATION FOR A LICENSE TO CONDUCT A RECEENING VALCAMENTE STUDIES.

| Previous camp administration experience:   |   |
|--|---|
|  | <u> </u>  |
| Health Care Consultant   | in the second |
| Name:  |   |
| Type of Medical License (must be a physician, nurse  | practitioner, or physician assistant  |
| with pediatric training):  | 2002/14 VENUE   |
| MA License Number:   | <u>.</u>  |
|  | n - Almaharak da mara da  |
| Name:  |   |
| Type of Medical License, Regfistration or Training (   | See 105 CMR 430.159 (C):  |
| Aquatics Director  |   |
| turk in the second of the seco | nationally and enterprise assertions  |
| •  |   |
| Age: Lifeguard Certificate issued by:  | The state of the state of   |
|  |   |
| Expiration date:  American Red Cross CPR Certificate:  | y distriction of the second   |
| Expiration date:   | colling A because   |
| American Red Cross First Aid Certificate:  |   |
| Expiration date:   | 26895936  |
| Previous aquatics supervisory experience:  | <u> </u>  |
|  | variologesta e <b>rinasani</b> karagoro v   |